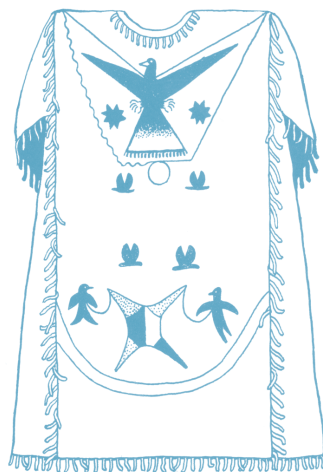


STANDARD 7



A written curriculum, with criteria for successful learning outcomes, shall be available. Assessed needs of the individual will determine which content areas are delivered.



Applicant Notes:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

► CURRICULA

Diabetes education curricula are identified and reviewed. There is evidence that the approved curricula is reviewed and modified to fit community needs. Curricula will include written and measurable learning objectives, a content outline, instructional methods, materials and means of evaluating the achievement of objectives. Content will include:

- Describing the diabetes disease process and treatment options
- Incorporating appropriate nutritional management
- Incorporating physical activity into lifestyle
- Utilizing medications (if applicable) for therapeutic effectiveness
- Monitoring blood sugar, urine ketones (if applicable) and using the results to improve control
- Preventing, detecting and treating acute complications
- Preventing (through risk reduction behavior), detecting and treating chronic complications
- Goal setting to promote health and problem solving for daily living
- Integrating psychosocial adjustment to daily life
- Promoting preconception care, management during pregnancy (if applicable) and gestational diabetes management

LEVEL 1

developmental

(checklists on pages 71 and 85)

► CURRICULA

The curricula and other education program resources/materials are reviewed annually by instructors for scientific accuracy and cultural relevancy. New materials used in the education program are field-tested for relevance and comprehension. Interpreters (if used) are oriented on an established basis.

LEVEL 2

educational

(checklists on pages 71 and 87)

► CURRICULA

There is evidence of medical, public health staff and community participation in curricula review and adaptation. Evidence can include medical staff minutes, memos or integration of diabetes care and outcomes audit analysis. Community input can be documented with consumer feedback, focus groups, field testing, survey, or other methods.

LEVEL 3

integrated

(checklist on page 87)

